

Department of Code Enforcement  
1200 Madison Ave, Suite 100  
Indianapolis, Indiana 46225  
Phone: (317) 327-1291  
Email: Contractors@indy.gov



## GENERAL CONTRACTORS APPLICATION

☐ New ☐ Renewal

General Contractor Listing # \_\_\_\_\_

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

EXACT LEGAL NAME OF CORPORATION, LLC, PARTNERSHIP or SOLE PROPRIETOR'S BUSINESS NAME (DBA) \_\_\_\_\_

NAME OF SOLE PROPRIETOR, PARTNER, OR OFFICER OF CORPORATION/LLC \_\_\_\_\_

1. \_\_\_\_\_  
MAILING ADDRESS

2. \_\_\_\_\_  
PHYSICAL ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)

1. \_\_\_\_\_  
CITY/STATE/ZIP CODE

2. \_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
BUSINESS NUMBER      FAX NUMBER      HOME NUMBER      EMAIL ADDRESS

List all Officers if Corporation, LLC, or Partnership:

\_\_\_\_\_

List all employees, partners, and/or officers who will be authorized to secure permits. Remember to include agents/applicants who are authorized to submit permits over the internet, if contractor subscribes to LOGO Indiana.

1. \_\_\_\_\_  
SIGNATURE      PRINT NAME      E-MAIL ADDRESS

2. \_\_\_\_\_  
SIGNATURE      PRINT NAME      E-MAIL ADDRESS

3. \_\_\_\_\_  
SIGNATURE      PRINT NAME      E-MAIL ADDRESS

4. \_\_\_\_\_  
SIGNATURE      PRINT NAME      E-MAIL ADDRESS

5. \_\_\_\_\_  
SIGNATURE      PRINT NAME      E-MAIL ADDRESS

**\*\*FOR SOLE PROPRIETORS OR PARTNERSHIPS WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW:\*\***

Please be advised that \_\_\_\_\_ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current listing information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

\_\_\_\_\_  
SIGNATURE OF OFFICER, PARTNER, OR SOLE  
PROPRIETOR RESPONSIBLE FOR LISTING

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY

\_\_\_\_\_  
License #

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date